

DEPARTMENT OF THE ARMY

**ARMY SUBSTANCE ABUSE PROGRAM
(ASAP)
22D AREA SUPPORT GROUP
UNIT 31401, BOX 73
APO AE 09630
VICENZA, ITALY**

**IBTC AND MILITARY COLLECTIONS
STANDING OPERATING PROCEDURES (SOP)**

SEPTEMBER 2002

ATTENTION!!!!:

This SOP supersedes previous IBTC and Military Collections SOP dated January 2002. Changes are highlighted in italic font and underlined.

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TITLE: IBTC AND MILITARY COLLECTIONS STANDING OPERATING PROCEDURES (SOP)

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REVIEWED BY ADCO: _____ DATE: _____

REVIEWED BY OSJA: _____ DATE: _____

DISTRIBUTION: To the IBTC, unit commanders, unit 1SGs, Unit Prevention Leaders (UPLs), local SJA office, and local CID office.

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IBTC AND MILITARY COLLECTIONS STANDING OPERATING PROCEDURES (SOP)

1. Introduction

a. Purpose

The purpose of this SOP is to assist Caserma Ederle's IBTC, unit commanders, and Unit Prevention Leaders (UPLs) in developing and implementing an Installation Biochemical Testing Program. This SOP is a ready reference guide for the IBTC, unit commanders, unit 1SGs, and Unit Prevention Leaders (UPL) for the collection, handling, storage, and submission of urine specimens to the Forensic Toxicology Drug Testing Laboratory (FTDTL).

b. References

- (1) DOD directive 1010.1.
- (2) AR 600-85.
- (3) ACSAP SOP for Installation/Community/ASG Collection, Handling, and Shipping of Urine Specimens.
- (4) ACSAP Commanders Guide & UPL Urinalysis Collection Handbook.

c. General

This SOP applies to all military units supported by the 22D ASG Alcohol and Drug Control Office. This SOP supersedes the U.S. Army Southern European Task Force (Airborne) Installation Biochemical Testing SOP dated August 2001. This SOP has been reviewed by the 22D ASG Security Office, Safety Office and by the USASETAF Staff Judge Advocate (SJA) office and has been found to be legally sufficient. Adherence to the procedures and guidelines listed herein will ensure a successful and effective Military Drug Testing Program.

2. Responsibilities

a. Unit Commander.

- (1) Has overall responsibility for the Biochemical Testing Program at the unit level, including the selection and training of personnel.
- (2) Ensures that individuals selected as UPLs meet the following requirements:
 - (a) Officer or NCO in the rank of E-5 or above.
 - (b) Has integrity, maturity, attention to detail and at least one year retainability.
 - (c) Appointed on orders by the unit commander.

(d) Has a CID Criminal Records Check (CRC) on file with the IBTC. Note: The request for the CID CRC will be processed through the IBTC. The IBTC will submit the background check request to the Vicenza CID office. Upon receiving results, the IBTC will report derogatory information to the commander in a memorandum. The unit commander will decide whether or not to confirm the duty appointment of the UPL with derogatory information on file. The commander will complete the bottom portion of the memorandum with a "confirm" or "not confirm" response and return to the IBTC. The IBTC will maintain a copy of this memorandum on file.

(e) Trained and certified annually through the local Drug and Alcohol Office.

(3) Ensures the UPL complies with proper collection procedures.

(4) Selects observers (E-5 or above, same gender as donors, not currently under investigation for any drug and/or alcohol related incident) for each unit collection.

(5) Establishes a Unit Urinalysis Collection SOP/policy letter which includes all of the following (example SOP is available at www.acsap.org):

(a) When conducting random inspections, what selection criteria is used to determine who is tested (i.e. roll a ten-sided die, use last letter of SSN, computerized selection, etc.) Note: It is recommended to list an alternate method of selection, in case you lose the die or the computer program fails.

(b) Address how to handle problems that may occur at the collection site, such as:

- How soldiers are notified of a urinalysis testing requirement.
- Tampering with or adulteration of specimens.
- Specimen spills and proper disposal of waste.

(c) The Unit Urinalysis Collection SOP/policy letter will be reviewed by the IBTC for general program compliance and by the SJA office for legal sufficiency.

(6) Determines personnel for testing.

(a) Commanders, retain the right to conduct additional testing for probable cause, reasonable suspicion, and mandatory requirements.

(b) Ensures a notification roster is used to verify that each soldier selected for testing provides a specimen.

(7) Ensures an NCO or officer (E-5 or higher) is present in the holding area to supervise any soldier unable to complete the testing process.

(8) Orders the unit to take a biochemical test and briefs unit personnel (see P. 25).

(9) Briefs the collection team on their duties and responsibilities during the collection process.

b. Installation Biochemical Test Coordinator (IBTC)

(1) The IBTC (and Alternate) must have a copy of appointment orders and certificate of training on file in the IBTC office.

(2) The IBTC coordinates, administers, and monitors all aspects of the Biochemical Testing Program. Serves as technical expert on biochemical testing requirements. Interprets DOD, DA and MACOM program guidance, regulations, and develops local policies and procedures for implementation by unit commanders and UPLs.

(3) Reviews all documentation and chain of custody documents associated with the collection procedure prior to the shipment of specimens to the FTDTL.

(4) Prepares and ships specimens to the Ft. Meade, MD FTDTL by APO Priority mail.

(5) Develops a comprehensive training course for UPLs to ensure adherence to regulations, policies, and standing operating procedures.

(6) Serves as instructor in presenting Biochemical Testing regulations, policies, and other pertinent information.

(7) Reports all positive urinalysis results to the unit commander.

(8) Collects, maintains and reports statistical data on the Biochemical Testing Program.

(9) Procures and maintains supplies sufficient enough to support the Command's Biochemical Testing Program.

(10) Coordinates and conducts at least annual inspections of all UPLs to ensure regulations, policies, and standing operating procedures are adhered to during unit urinalysis collections.

c. Unit Prevention Leader (UPL)

(1) The UPL serves as the Unit Commander's primary advisor and point of contact for all Alcohol and Drug Control matters to include drug urinalysis testing.

(2) Designs, develops, coordinates, and delivers prevention education training to the unit.

(3) Administers the unit Biochemical Testing Program to include:

(a) The UPL trains (by orally briefing and providing demonstration) observers (see P. 27), then ensures that they follow the procedures in this SOP.

(b) Establish a specimen collection point and holding area for personnel to be tested.

- The UPL must designate a collection and holding area that can be controlled at all times. Note: Once soldiers have been selected for testing they will be placed in a controlled

holding area with a non-testing NCO or officer (E-5 or above) as overseer. Soldiers will not be released from this holding area for any reason until after they have provided a sample.

- The collection area should be away from the mainstream activities of the unit.
- UPL ensures adequate number of tables and chairs for the collection team.

(c) Ensures materials are available and organizes the collection test site.

(d) Ensures all aspects of the urine collection process are in accordance with this SOP and unit policy.

(e) Briefs unit personnel prior to conducting drug testing (see P. 26).

(f) Ensures the DD Form 2624, unit ledgers, and bottles labels are complete, correct, and that all specimens are secured and stored properly until submitted to the IBTC.

(g) Advises the commander of any soldier refusing to provide a specimen, attempting to contaminate the specimen, or any other irregularities or discrepancies.

(h) UPLs must maintain a void rate (BTC voids and lab voids) below 3% of specimens collected. The BTC and/or ADCO may suspend a UPL from duty if there is evidence that the quality of work has fallen below standard. The suspension will last until the UPL receives remedial training.

d. Observer

(1) Each observer will receive an oral briefing and written briefing (Responsibilities of Observers During Drug Testing) from the UPL prior to conducting drug urinalysis testing each day. The observer will sign the Observers Briefing sheet before performing any duties as an observer.

(2) Directly observes soldiers (one at a time) voiding urine from the body into the specimen bottle.

(3) Ensures the chain of custody of the urine specimen bottle is not broken.

(4) Advises the UPL of any soldier attempting to contaminate a specimen or otherwise trying to avoid proper procedures.

(5) Observers will only observe soldiers of the same gender.

3. Unit Prevention Leader (UPL) Training

a. In order to ensure efficiency and credibility of the Biochemical Testing Program, it is important that all those involved in its implementation have full knowledge of the program. The IBTC is certified by DA and is responsible for preparing classes for the UPLs and ensuring that each unit is capable of implementing a urinalysis testing program.

b. Procedures

(1) All newly appointed UPLs must have:

- (a) One year retainability in the unit.
- (b) Must be E-5 or above in rank.
- (c) Receive a CID Criminal Records Check (CRC).

(d) A copy of Duty Appointment Orders, CID CRC results, UPL Certificate of Training on file with the IBTC.

(2) UPL Certification Training.

(a) IBTC will schedule the UPL Certification Training (24 hours minimum).

(b) IBTC will prepare and provide a copy of the Installation Biochemical Testing SOP to each UPL candidate.

(c) One UPL will be appointed on orders for each 50 soldiers assigned in a unit.

(d) UPL Certification Training will be conducted using the UPL Certification Training Program CD-R. UPL candidates will review the introduction (Track 1) to the CD-R prior to attending class. The remaining instructions (Tracks 2, 3, 4, 5) will be reviewed in-class with ASAP staff. In-class training will consist of the following at a minimum:

- Overview of the ASAP.
- Overview of Biochemical Testing Program.
- UPL and Observer responsibilities.
- DD Form 2624, unit urinalysis ledgers, and bottle labels.
- "Hands-on" exercises and applications.
- Specimen collection procedures.
- Types of testing.
- Unit inspections.
- SJA - Limited Use Policy and legal aspects of the ASAP.
- Alcohol and Drug Prevention Education.

- CID/MPI - Drug Suppression Team.
- UPL Certification Examination.

Note: If the UPL candidate fails to pass the certification exam, he/she will self-study the UPL Certification Training Program CD-R and will complete and pass a proctored second UPL certification exam. The second exam must be a different version of the first test.

(e) Upon completing required UPL certification training, newly appointed UPLs will conduct a urinalysis under the supervision and guidance of the IBTC or an experienced UPL. This phase will conclude the UPLs initial training requirements.

(f) UPLs will receive their DA Certificate of Training after conducting their first unit urinalysis collection.

(g) Each UPL will be recertified on an annual basis. For recertification, UPLs will review the updated IBTC and Military Collections SOP and the UPL Certification Training Program CD-R and will complete and pass a proctored open book UPL Certification exam.

(h) UPLs from supported units located in remote areas may be recertified by correspondence.

(i) UPLs that were certified at a previous duty station will only be required to present a copy of their certificate of training from previous duty station, new unit appointment orders, CID CRC.

(j) UPLs that maintain an outstanding performance will be eligible for a 22D ASG Certificate of Achievement award.

4. Military Drug Testing Program

a. Requirements

(1) Department of Defense (DOD) set the minimum rate of urinalysis testing for the Armed Forces in the DOD Instruction 1010.1, dated 9 December 1994. The DOD minimum rate of testing is one random specimen per soldier per year. AR 600-85 establishes that the minimum rate of testing is one random sample per active duty soldier per year. To the maximum extent possible, U.S. Army Reserve and Army National Guard test rates will mirror the active duty rate. That means that if a commander has 100 soldiers assigned to the unit, then he/she must collect at least 100 specimens each fiscal year. Major Commands (MACOMs), installations, and/or individual units may set their testing rate above the minimum requirement due to potentially high drug availability or usage rates. In USAREUR, the minimum rate of testing is set at 200% per unit per fiscal year. Each unit on Caserma Ederle must comply with USAREUR's minimum testing requirement by conducting at least 17% random testing each month. Local units will also comply with the USASETAF Commanding General policy requirements which include compliance with the U.S. Army "smart testing" guidelines throughout the fiscal year. Details on "smart testing" are included in para 15 of this SOP.

Note: Cut-off date for monthly testing is the 25th of each month. All specimens turned-in to the IBTC after the 25th of the month will be accredited to the following month.

(2) Additional Army Testing Requirements. The following soldiers are required to be tested at least once annually.

- (a) Aviation personnel.
- (b) Personnel Reliability Program (PRP) personnel.
- (c) Chemical surety personnel.
- (d) Additional personnel as mandated by commanders at any level.

b. Military Testing Quota Management

Department of the Army (DA) allocates testing quotas for each MACOM. In turn each MACOM allocates testing quotas to each subordinate command. USASETAF has a current quota of 700 specimens per month. The IBTC is required to use between 95% and 105% of its quota. If the IBTC anticipates falling below 95% or above 105% of the assigned quota, a memorandum must be sent to the USAREUR Wellness Branch requesting a change in that month's/year's military testing quota.

c. Personnel Notification Procedures

In general, personnel selected for testing will be given **NO PRIOR NOTIFICATION OF THE UPCOMING URINALYSIS TESTING**. In cases in which individuals are not present in a formation or must get transportation to the test site, they will report within in one hour of notification.

5. Types of Urinalysis Testing

a. Probable Cause

Note: The commander should verify with SJA that he/she has probable cause prior to ordering this type of test.

Probable cause to search exists when there is a reasonable belief that the evidence sought is located in the place or on the person to be searched at the time of the search.

b. Inspections

(1) An inspection is an examination of the whole or part of a unit. The primary purpose of an inspection is to determine and to ensure the security, military fitness, or good order and discipline of the unit.

(2) General reasons for conducting inspections:

- (a) To insure that the command is properly equipped and functioning properly.
- (b) To maintain readiness, sanitation and cleanliness.
- (c) To ensure that personnel are present, fit and ready for duty.

c. Fitness/Competence for Duty

(1) Commanders may direct urine testing or alcohol breath testing when there is a reasonable suspicion that a soldier is using a controlled substance or has a blood alcohol level of .05 percent or above while on duty or is impaired while on duty.

(2) Reasonable suspicion must be based upon information that possesses some internal indication of reliability, such as naming specific individuals, drug involved, and general time frame that the drug was used.

(3) Evidence obtained through fitness for duty testing may be used in administrative separation actions, but not on the issue of characterization of service.

d. Consent

(1) To be valid, consent must be given voluntarily.

(2) "Consent or be ordered" is not valid consent.

(3) Commanders should simply request consent without indicating that he/she has authority to order the urine test. (Consent is more likely to be voluntary)

e. Mishap/Safety Inspection

(1) When a soldier is involved in an accident that involves injury to soldier(s) or damage to government property.

(2) The accident or mishap must have occurred while the soldier was on duty and performing official duties.

f. Physician/Medical Directed

(1) A physician may direct a soldier patient to submit a urine specimen when he/she feels that the soldier is using controlled substances and wants to ascertain whether the soldier requires counseling, treatment, or rehabilitation.

(2) A physician may request a urine specimen from a soldier patient for any valid medical reason.

g. Rehabilitation

(1) All personnel enrolled in the ASAP will be tested as part of their rehabilitation plan.

(2) The counselor and unit commander will decide the frequency of testing (generally once per month). The counselor will forward a memorandum of notification to the IBTC who will forward to the UPL.

(3) Rehabilitation testing will be conducted by the UPL.

(4) Once a month, the ASAP Admin Assistant will send an e-mail message to all units reminding them of the rehabilitation testing requirements. The IBTC will also provide verbal reminders to UPLs to ensure maximum compliance.

(5) The IBTC will forward Rehabilitation Testing information to the ASAP Assistant to ensure client files are updated.

h. Inspection Other

(1) Commanders may establish unbiased policies to test individuals under specific circumstances. These policies must be in writing and adhered to on each and every soldier equally, regardless of rank, race, sex, etc. Examples are:

(a) All personnel who return from a deployment will be tested within 72 hours or at next unit test.

(b) All personnel returning from a leave longer than 15 days will be tested within 72 hours or at next unit test.

(c) All personnel not tested within the first 10 months of the FY will be tested on the next urinalysis.

(2) Any policy established by the commander should list:

(a) The condition that a soldier will be tested for, such as leave over 15 days.

(b) When a soldier will be tested, either within a time frame (such as within 72 hours) or the next unit test.

(3) This type of test is coded with IO.

(4) Prior to establishing such policies, commanders should contact the Staff Judge Advocate to ensure that their policy is legally sufficient.

6. Random Selection Methods

Random selection is used to identify soldiers to be tested. It allows commanders a way to test only part of their unit and ensures fairness throughout the unit. It is important to remember that all personnel selected will be tested; even if the number selected exceeds your quota. The collection procedure cannot be terminated when a certain number of specimens are collected. All specimens from personnel available will be collected. Excusing soldiers or getting volunteers can invalidate the randomization and therefore invalidate the test results.

a. Computer Generated Random Selection

(1) ADTP (Army Drug Testing Program): Pre-prints the DD Forms 2624, labels and unit ledgers; maintains a database and uses bar code technology. This is the preferred method of selection.

(2) DRUG DOG: Selects personnel for testing based on % inputted into the system. Drug Dog can be used but is not a recommended program due to glitches in the program's math, i.e. will never select the last person in the database.

b. Random SSN Selection

(1) May be done using the last number of the social security number.

(2) Easily accomplished by utilizing a ten-sided dice or by drawing numbers from a hat. Use the numbers zero (0) through nine (9).

(3) All personnel selected will be tested.

c. Random Name Selection

(1) This method is best utilized by small units of less than 100 assigned soldiers.

(2) All members of a unit have their names placed on a card the size of a regular playing card.

(3) Prior to the selection process. The UPL sits down with a senior NCO or above and verifies against the alpha roster that every member of the unit has a name card.

(4) The cards are then given to the Commander or First Sergeant and they are shuffled in front of the command at a unit formation.

(5) After shuffling, the Commander or First Sergeant passes amongst the assembled soldiers and has individuals select a card from the deck. Those names selected are then told to report to the collection area for urinalysis testing.

(6) This process eliminates the old complaint from soldiers that they are being picked on. "Soldiers picking Soldiers", it doesn't get any better than that.

d. Random Section Selection

The Company Commander may randomly select a duty section, platoon, or work unit for testing.

7. Military Drug Testing Supplies

a. Units

All units obtain urinalysis testing supplies from the IBTC office. Each unit will maintain enough drug testing supplies to cover a 100% unit testing. UPLs will pick-up additional supplies when

turning-in specimens from previous test. **At no time UPLs will pick-up supplies the day prior to testing.** UPLs must maintain the following supplies:

Urine Specimen Bottles
Urine Female Collection Cups (if applicable)
Rubber Gloves
Bottle Labels
Tamper Evident Labels (red seals)
Unit Urinalysis Ledger
DD Form 2624, Specimen Custody Document
Special Test Request (if applicable)
Certificates of Correction (if applicable)
MFR—Observer

b. IBTC

The IBTC is responsible for ensuring that adequate supplies are available for the installation's biochemical testing requirements. At any time, the IBTC will maintain at least a 30-day supply on hand. The 30-day supply is estimated by the IBTC. Supplies will be inventoried by the IBTC daily. If any item falls below the requisition point (which equals the 30-day supply), the IBTC will submit order. Depending on the item, supplies are ordered by memorandum through the Installation Property Book Office (IPBO), private companies, AAFES Office Source store, or generated locally. The memorandum must indicate the item, the stock number, and the quantity requested and must be signed by the ADCO. Contact each supply activity for catalogs, prices, and stock numbers. All biochemical testing supplies documentation will be kept on file by the IBTC.

8. Urinalysis Testing Documentation

a. Specimen Custody Document-Drug Testing (DD Form 2624).

(1) One of the most important aspects of collecting urine specimens is maintaining the Specimen Custody Document-Drug Testing (DD Form 2624). It is imperative that this form be completed with extreme care and accuracy. Attention to detail and the ability to write clearly are imperative in preparing the specimen bottle label, DD Form 2624 and the Unit Urinalysis Ledger. Care must be taken when copying numbers to ensure consistency. The most common errors made on the Chain of Custody documents that result in the specimen being rejected for testing are: non-matching social security numbers, incomplete social security numbers, and improperly making corrections. Note: Most errors can be eliminated by utilizing the Army Drug Testing Program (ADTP) – this program will preprint the DD Forms 2624, Unit ledgers and specimen labels.

(2) Do not slash zeros. If some zeros are slashed and others are not, it may be taken as an error and/or an improper correction. Every effort should be taken to exclude those individuals who write poorly from the collection process. Data on the front of DD Form 2624 and label may be typed. Electronic forms may be used. Chain of Custody on the back of DD Form 2624 should be hand written, except that rubber stamps may be procured to stamp appropriate spaces on Block 12 of the DD Form 2624. i.e., "placed in temporary storage," "released to US

Mail," etc. Note: Only black ballpoint pen should be used in filling out paperwork associated with the collection process. Roller ball, felt tip pens and pencils will not be used!

(3) Procedural Steps

- (a) Block 1. ADAPCP address to include street, city, state, and zip code.
- (b) Block 2. Specific unit address to include street, city, state, and zip code.
- (c) Block 3. Base/Area Code for the installation is E301.
- (d) Block 4. Unit Identification Code (UIC). Every unit has a separate six character UIC code.
- (e) Block 5. Document/Batch Numbers. Each DD Form 2624 will be assigned a batch number. The first document batch number will be 01 , the second 02 , and the remaining numbered sequentially. You may use 01 through 99. With each new date the batch number will reset to 01. You will use only one (1) Document/Batch Number per DD Form 2624. Note: The first 2 spaces may be left blank, or filled with "X"s or "0"s.
- (f) Block 6. Date specimen collected (year, month, day). For example a collection date of "1 November 1999," should be written as "19991101."
- (g) Block 7. Specimen number - leave blank. The pre-printed number on the DD Form 2624 will be used as the specimen number.
- (h) Block 8. Enter complete SSN of soldier to be tested.
- (i) Block 9. Test Basis. Codes and explanations:

IR	Inspection Random: Commander directed partial unit test. Used for normal monthly random testing (i.e. 10 % unit testing).
IU	Inspection Unit: Commander directed unit sweep. Used for 100% unit testing.
IO	Inspection Other: Inspections based on command/unit policy. Used to test individuals based a commanders policy letter or SOP. (i.e. individuals after 30 days leave, newly arrived personnel, re-tests of rejected previously collected specimens).
PO	Probable Cause: Commander directed individual based on probable cause evidence. Commander should verify that probable cause exists with the local SJA prior to ordering this test.
CO	Command Direct: Commander directs an individual test for fitness for duty. The commander has a reasonable suspicion

that a soldier is using a controlled substance, but does NOT have probable cause. The Limited Use Policy applies to this test basis.

- VO Soldier Consent: The soldier voluntarily consents to a urinalysis test without command coercion.
- RO Rehabilitation testing: The commander directs a soldier to test based on the soldier's alcohol/drug abuse treatment plan.
- AO Accident/Mishap: The commander directs a soldier(s) to test based on an accident causing damage of personnel or property.
- MO Physician/Medical directed: A physician orders a test based on a medical examination. This test may or may not be covered under the Limited Use Policy.
- NO Accession Testing: Used to test individuals for NONDODMERB testing.
- OO Other Testing: Special testing for sports events, or other tests not covered by any other test basis.

Note: Each DD Form 2624 is limited to one (1) test basis. Do not record PO, IR, or RO test basis on the same DD Form 2624.

(j) Block 10. Test Information.

- A = E-1 through E-4
- B = E-5 through O-10

(k) Block 11. Leave blank.

(l) Block 12. Chain of Custody (DD Form 2624). The soldier will release his/her specimens to the UPL. The UPL may make appropriate corrections on the bottle label and DD Form 2624 as prescribed by this SOP. The UPL will release the specimens to the IBTC who in turn will release the specimens to the proper courier or storage.

Note: Local reproduction (excluding computer generated) of DD Form 2624 is not authorized. The DD Form 2624 is a single sheet form, printed front and back. Supplies will be obtained from unit Publications or IBTC. Do not use a copy machine to reproduce this form.

Note: Only the original (two-sided) DD Form 2624 will be sent to FTDTL. The FTDTL will reject all specimens for testing that are accompanied by a copy of the DD Form 2624.

REPLACE THIS PAGE WITH BTCSOP2624F

REPLACE THIS PAGE WITH BTCSOP2624B

b. Unit Urinalysis Ledger

(1) The Unit Urinalysis Ledger is the only urinalysis testing record maintained at the unit. This form will be secured and retained by the unit. The soldier and observer will both sign the Unit Urinalysis Ledger.

(2) Procedural Steps

(a) The document/batch number, specimen number, SSN, unit identification code, date specimen collected, and test basis recorded on the Unit Urinalysis Ledger and the DD Form 2624 must match.

(b) Unit: Unit designation and address to include street, city, state, and zip code.

(c) UPL: Printed name of the UPL.

(d) BAC: Base Area Code – E301 for Vicenza, Italy; E302 for Camp Darby, Italy.

(e) Unit I.D. Code.

(f) Date specimen collected. The date on the DD Form 2624 and the Unit Urinalysis Ledger must match.

(g) Document/Batch number. Each batch, box of 12 or fewer specimens, will be assigned a batch number with the first batch being 01, the second 02, and the remaining numbered sequentially. May use 01 through 99. More than one batch number may be recorded on one unit urinalysis ledger sheet.

(h) Specimen number. Specimen numbers will be from 1 through 12. The specimen numbers on the DD Form 2624 and the Unit Urinalysis Ledger must match.

(i) SSN: Enter complete SSN of soldier to be tested. SSN on DD Form 2624 and Unit Urinalysis Ledger must match.

(j) Test Basis. Codes and explanations:

IR Inspection Random: Commander directed partial unit test. Used for normal monthly random testing (i.e. 10 % unit testing).

IU Inspection Unit: Commander directed unit sweep. Used for 100% unit testing.

IO Inspection Other: Inspections based on command/unit policy. Used to test individuals based a commanders policy letter or SOP. (i.e. individuals after 30 days leave, newly arrived personnel, re-tests of rejected previously collected specimens).

PO Probable Cause: Commander directed individual based on

probable cause evidence. Commander should verify that probable cause exists with the local SJA prior to ordering this test.

CO	Command Direct: Commander directs an individual test for fitness for duty. The commander has a reasonable suspicion that a soldier is using a controlled substance, but does NOT have probable cause. The Limited Use Policy applies to this test basis.
VO	Soldier Consent: The soldier voluntarily consents to a urinalysis test without command coercion.
RO	Rehabilitation testing: The commander directs a soldier to test based on the soldiers alcohol/drug abuse treatment plan.
AO	Accident/Mishap: The commander directs a soldier(s) to test based on an accident causing damage of personnel or property.
MO	Physician/Medical directed: A physician orders a test based on a medical examination. This test may or may not be covered under the Limited Use Policy.
NO	Accession Testing: Used to test individuals for NONDODMERB testing.
OO	Other Testing: Special testing for sports events, or other tests not covered by any other test basis.

Note: Each DD Form 2624 is limited to one (1) test basis. For example: Do not record PO, IR, or RO test basis on the same DD Form 2624.

(k) Soldier's rank.

(l) Soldier's printed name and payroll signature verifying that the ledger information is correct.

(m) Remarks. The UPL will document unusual circumstances (i.e. no ID card, identification verified by 1SG, or short sample etc...).

(n) Observer's printed name and payroll signature.

Note: Do not send a copy of the Unit Urinalysis Ledger to the FTDTL. The Surgeon General's laboratory SOP directs the FTDTL to reject any specimen that can be identified by name. The Unit Urinalysis Ledger is the only document that identifies the soldier by name.

REPLACE THIS PAGE WITH BTCSOPLEDGER

c. Bottle Label

Note: Use only black ball point pens. Do not use pencils or roller ball/felt tip pens. Do not allow a soldier to fill a specimen bottle unless it has a label affixed to it that includes Base/Area Code, Date, SSN and Soldier's Initials.

(1) Procedural Steps

(a) Date (year, month, day). The same as on the DD Form 2624 and Unit Urinalysis Ledger, e.g., date collected, 1 November 1999, 1999 11 01. Ensure all dates match.

(b) Complete SSN. Ensure all SSNs match.

(c) Base/Area Code.

(d) Soldier's initials.

(e) UPL's initials.

DATE SPECIMEN COLLECTED (YYYYMMDD)	BASE/AREA CODE (E301)
_____	_____
UPL'S INITIALS	INDIVIDUAL'S INITIALS
_____	_____
INDIVIDUAL'S SSN	
____-____-_____	

d. Correcting Errors on Urinalysis Documentation

(1) Only the person making the error, can make the correction on the DD Form 2624 or bottle label. Corrections will be made as follows.

(a) Line (draw a single line) through the faulty information.

(b) Write the correct information directly above the faulty information.

(c) Place your initials and the date close to the correction.

(d) Never write over any number or letter.

Note: Bar-coded Labels and DD Forms 2624 cannot have the SSN corrected. The label must be handwritten if the SSN is incorrect. The DD Form 2624 entry must be lined through and the donors SSN handwritten onto a empty space or another DD Form 2624. Incorrect barcodes or

uncollected specimens should have a line drawn through the entire bar code line, with the word "void," date and initials of person making correction.

(2) Certificate of Correction. All errors that cannot be corrected on the DD Form 2624 or the bottle specimen label by the individual making the error, must be corrected with a Certificate of Correction Memorandum.

(a) The Certificate of Correction will be filled out noting the discrepancy, the circumstances, and the correction.

(b) All personnel involved in the discrepancy must sign the Certificate of Correction.

(c) The Certificate of Correction will not be used to make corrections on the Unit Urinalysis Ledger.

(d) The Certificate of Correction will always be used when correcting errors at the IBTC Office.

(e) The Certificate of Correction will be maintained on file by the IBTC for a period IAW AR 25-400-2 (MARKS).

CERTIFICATE OF CORRECTION

MEMORANDUM FOR FTDTL, BLDG 2490, WILSON St., Ft. MEADE, MD 20755-5235

SUBJECT: Certificate of Correction

1. This letter is to certify the following corrections made as indicated below for urine specimen enclosed with this shipment for testing.

2. Reference: () BOTTLE LABEL/SEAL
 () DD FORM 2624

BAC: E301

UIC: W_____

Batch #: _____

Date Collected: _____

Specimen #: _____

SSN: _____

3. Discrepancy and Correction

() SSN is overwritten, illegible, or incorrect. SSN should read:_____

() Seal damaged and/or broken during processing. UPL placed one additional seal over specimen bottle.

() Information in column #9 and #10 is erroneously reversed.

() Other:_____

4. Points of contact for additional information are the following:

Printed Name:_____ Signature:_____ Date:_____

Printed Name:_____ Signature:_____ Date:_____

Printed Name:_____ Signature:_____ Date:_____

9. Urinalysis Testing Site Requirements

a. Latrine Inspection

(1) UPL checks the latrine before the collection starts and place it off-limits to non-testing purposes.

(2) Ensure all cleaning agents (cleansing powder, bleach, etc.) are removed from the area.

(3) Ensure paper towels and soap are available to allow soldiers to wash their hands after providing a specimen.

b. UPL Sets up Holding Area

(1) An NCO or officer (E-5 or above) is in charge of the personnel in the holding area. The holding area must be large enough to accommodate all personnel being tested. If the personnel are in a formation and called out for testing or are in the immediate area and are informed that they must test, the individuals will proceed directly to the holding area. In cases in which individuals are not in a formation or must get transportation to the test site, they will report as soon as possible. Non testing personnel are barred from the holding area.

(2) A source of water should be supplied in the holding area. Donors should not be permitted to drink more than ½ liter of water every hour.

(3) Personnel will remain in the holding area until ready to supply a specimen. No personnel are allowed to leave the holding area until they have donated an acceptable sample. (In exceptional cases an individual with the escort of a senior NCO and permission of the First Sergeant or Company Commander may leave for a brief period but must return to complete testing).

c. Briefings

(1) Commander's Briefings – The commander must always brief the unit prior to the collection process; this ensures that all personnel understand what the commander's intent is and that soldiers are being ordered to provide a urine specimen.

(2) UPL's Unit Briefing – After the commander briefs the unit, the UPL should give a short briefing to explain the collection procedures to the unit.

(3) Observers Briefing – Prior to the collection process beginning, the UPL will brief the Observers both orally and in writing and will provide a demonstration of the step-by-step collection procedures that the Observer must follow. After the demonstration, the Observers will read and sign the Observers Memorandum for Record. The UPL will also sign the Observers Memorandum for Record.

COMMANDER'S BRIEF

Today our unit will be drug tested for illegal substance use. The primary purpose of this test is to ensure our unit's military fitness, and that we are maintaining proper standards of readiness.

Individuals in this unit have been selected on a random basis for drug testing. There is no probable cause or reasonable suspicion that anyone in the unit is using or abusing drugs or a controlled substance.

Everyone selected for testing will be tested. Anyone not present will be rescheduled for testing at a later date. Every sample collected will be tested for marijuana, cocaine, amphetamines, and at least two other drugs. These drugs will be chosen on a rotational basis from a group which includes LSD, PCP, opiates, and barbiturates.

Collection procedures outlined in AR 600-85 and the Installation Biochemical Testing SOP will be followed. All verbal orders connected with the collection procedure are lawful and are to be followed as such. A refusal to comply with orders relating to this collection procedure subjects the soldier to punitive or administrative actions under AR 600-85, AR 135-18, AR 135-178, and AR 635-10.

Does anyone have any questions? The UPL will now provide you with details about the collection procedures that will be used today.

UPL'S UNIT BRIEF

1. You have three major responsibilities during the collection procedure:
 - (a) Verify your personal data.
 - (b) Provide more than 45ml of specimen.
 - (c) Keep specimen bottle in full sight until sealed with tamper evident tape.
2. Your urine specimen will be provided in a labeled plastic bottle (an optional wide mouth collection cup is available for females).
3. Each bottle will have a label affixed to it with today's date that identifies you by your SSN. Do not accept a bottle that does not have a completed label affixed with your correct SSN and today's date.
4. Collection of the specimen will be conducted using direct observation in full view of an observer. Do not go to the control table until you feel you are ready to provide at least 45ml (approximately 1/2 bottle) of urine. If you are unable to provide a specimen or an adequate quantity of urine, you will be held in a holding area until you are able to provide a specimen. *You will be provided an adequate amount of liquids (not the exceed 1/2 liter per hour) to help facilitate the collection process.* You will not be released from duty today until you have provided a proper specimen.

Your tasks include:

1. You will provide your military ID card. If you do not have your military ID card or another photo identification, the commander will be called to verify your identification.
2. You will initial the bottle label when you verify your SSN, full name, and date on the Unit Urinalysis Ledger, verify your SSN on DD Form 2624, and verify the date and your SSN on the bottle label.
3. Sign your payroll signature on the Unit Urinalysis Ledger verifying that the urine specimen provided was yours, the specimen was sealed with tamper evident tape and was placed into the collection box.

Are there any questions? Any questions about the collection procedure will be directed towards myself or your observer.

MEMORANDUM FOR RECORD

SUBJECT: Responsibilities of Observers During Drug Testing

General:

1. Observers are a critical link in the process of collecting urine specimens to be tested for substance abuse. Instances have occurred in the past where observers did not follow proper collection procedures and positive drug tests were not usable in legal and/or administrative actions. In order to prevent similar occurrences in the future, the observer will read and sign this Memorandum for Record.
2. The testing procedures do not violate a soldier's Fourth or Fifth Amendment rights, nor does the observation procedure violate the right to privacy. A refusal to produce a specimen is a violation of a direct order and may result in the soldier being processed for separation.
3. The results of tests may be used in legal proceedings and consequently the urine sample may be considered as evidence. A valid chain of custody is mandatory for a successful prosecution. As an observer, you may be asked to provide testimony at legal or administrative proceedings. You may be subject to UCMJ or administrative action if it is discovered that the specimen was altered in any way while it was under your control.

Criteria for Observers:

1. Be in the rank of NCO (Sergeant E-5) or above.
2. Be of the same gender as the soldier being tested.
3. Possess sufficient maturity and integrity to preserve the dignity of the soldier being observed.
4. Not be currently enrolled within the ASAP Rehabilitation Program or currently be under investigation for any substance abuse related offenses.

Responsibilities:

1. Observer controls the urine collection process at all times.
2. Maintains visual contact with the bottle at all times.
3. Ensures that the specimen provided is not contaminated or altered.
4. Directly observes the soldier (one soldier at a time) voiding 45mL urine into the specimen bottle.
5. Ensures direct observation of the flow of urine from the soldier's body into the bottle.
6. Supervises the soldier tightly capping the bottle.
7. Ensures the bottle is not reopened after the cap is tightened.
8. Escorts the soldier back to the processing station/table with bottle in full view.
9. Observes the UPL placing tamper-evident tape over the top of the bottle, and down across the label.
10. The observer will sign the unit ledger in front of the UPL verifying the collection process and direct observation.

OBSERVER AFFIDAVIT: I have read and understand this document. I will comply with the responsibilities as stated above and will report anything out of the ordinary immediately to the UPL or Commander.

Observer's Printed Name: _____ Date: _____

Observer's Signature: _____

UPL's Printed Name: _____ Date: _____

UPL's Signature: _____

10. Step by Step Urinalysis Collection Procedure

a. General

The following steps are the standardized and regulatory procedures for the collection, handling and submission of urine specimens. These procedures have been designed to ensure admissibility in a court of law and must be followed exactly as written. Failure to comply with the following procedures may invalidate the test.

b. Procedure

Note: UPLs MUST be wearing disposable rubber gloves during this procedure.

(1) Soldier approaches the UPL desk with his/her ID Card when prepared to give a urine specimen. Soldier will remove excess outer garments (BDU jacket, coats, etc).

(2) UPL initiates all required paperwork (if pre-prepared forms and labels are used the UPL will verify all information with the ID Card). If a clerical mistake is made while filling out entries on the DD Form 2624, on the bottle label, or the Unit Ledger prior to the IBTC quality control inspection, the mistake may be corrected by its maker by lining through (single line) the mistake, initialing and dating the correct entry. No other method of correction is authorized except by Certificate of Correction.

(a) UPL prepares label. (All but initials)

(b) UPL prepares front side of DD Form 2624.

(c) UPL prepares the Unit Ledger. (All but signatures)

(3) The UPL directs the soldier to verify the information on the bottle, Unit Ledger, and DD Form 2624. The soldier will then initial the bottle label. His/her initials are verification that all data is correct.

(4) The UPL will remove a new collection bottle from the box in front of the soldier. The UPL will then affix the label to the bottle, in full view of both the soldier and the observer, and hand it to the soldier.

(5) The soldier will ensure that the observer has full view of the bottle at all times.

(6) If the soldier is female the optional wide mouth collection cup will be issued to the soldier at this time.

(7) The soldier and observer will move to a secure latrine, the bottle will be held by the soldier above his/her shoulder as to keep it in full view of the observer. The observer will walk behind the soldier and keep the collection bottle in sight at all times.

(8) Once in the latrine, the observer will direct the soldier to wash his/her hands without the use of soap. The soldier will then move to the appropriate facility to collect the specimen.

(9) The soldier will remove the cap of the bottle in full view of the observer, and will hold it or place it face up on a clean surface. The bottle and cap must be in full view of the observer.

(10) The soldier will then fill the bottle with at least 45 mL of urine (approximately half the specimen bottle). **The observer must see urine leaving the body and entering the bottle.** The soldier will recap the bottle in full view of the observer. Note: If less than 45 mL of urine is collected, the entire sample and the bottle will be destroyed. The soldier will be sent back to the holding area until he/she can provide a full specimen.

(11) The following procedure applies to female soldiers who decide to utilize the wide mouth collection cup:

(a) The soldier will remove the cap from the collection cup, and provide the specimen. The observer will keep the collection cup and the bottle in full view and directly observe urine leaving the body and entering the cup.

(b) The soldier will then open the specimen bottle and pour the urine from the cup into the bottle. The soldier will recap the bottle. The observer will watch this entire procedure.

(12) The soldier may wash his/her hands with soap after recapping the specimen, **but both soldier and observer must keep the specimen in full view.**

(13) The observer and the soldier will return to the UPL's table. The soldier will walk in front with the bottle held above his/her shoulder. The observer will keep the bottle in sight at all times.

(14) The soldier will hand the bottle containing his/her specimen to the UPL, both the soldier and observer will continue to keep bottle in full view.

(15) The UPL will take the bottle, verify that the cap is secure, and inspect the specimen for possible adulteration. If adulteration is suspected, the UPL will secure the specimen and soldier and ensure the commander is notified.

Note: If adulteration is suspected, secure the specimen bottle and contents, escort the individual to the unit commander or his/her representative, and explain the circumstances. The Commander may order a command directed specimen be collected under separate chain-of-custody and the soldier held in a holding area until such time as a specimen is provided. Check with SJA and CID for further guidance.

(16) The UPL will then place tamper evident tape across the bottle cap. The tape will be one continuous piece that touches the label on both ends without obscuring any information and runs across the top of the bottle.

(17) The UPL will then initial the bottle label. The UPL's initials signify that he/she has received the specimen from the soldier, checked for adulteration, ensured the cap was secure, and placed tamper evident tape across the cap.

(18) The UPL will place the specimen in the collection box.

Note: The specimen boxes will be retained by the UPL.

(19) The observer will sign the unit ledger in front of the UPL and soldier to verify he/she complied with the collection process, directly observed the soldier provide the sample, maintained eye contact with the specimen until it was placed in the collection box.

(20) The soldier will then sign the unit ledger in front of both the observer and UPL verifying that he/she provided the urine in the specimen bottle and that ha/she observed the specimen being sealed with tamper evident tape and placed in the collection box.

(21) The ID card will be returned to the soldier at this time, and he/she will be released from testing.

(22) Continue collecting specimens in this manner until all specimens are collected.

11. Urinalysis Turn-in Procedures

a. Chain of Custody

(1) After the collection the UPL will perform a quality control inspection by verifying that all SSNs on the Unit Ledger, DD Form 2624, and bottle labels match.

(2) The UPL will ensure that all required information, signatures, and initials are on the bottle labels, unit ledgers, DD Forms 2624, and Observer(s) MFR.

(3) After the quality control check, the UPL will:

(a) Secure the specimens ensuring they are not opened or tampered with. The UPL will transport all specimens, Unit Urinalysis Ledgers, DD Forms 2624, and Observer(s) MFR to the Installation Biochemical Collection Point (IBCP) as soon as possible (normally the same duty day).

(b) If unable to transport to the IBCP immediately, the specimens, containers and paperwork will be placed into temporary storage.

b. Temporary Storage of Specimens

(1) If collected specimens cannot be transported immediately to the IBTC then they may be placed into temporary storage at the unit. The UPL must maintain eye contact with the specimens at all times unless they are placed into storage.

(2) The following requirements must be met for a UPL to place specimens into temporary storage. Failure to comply with the below requirements may invalidate specimen results.

(a) A safe, secure filing cabinet, or metal wall locker will be used to store specimens. This container must be in a lockable room or office.

(b) The safe or filing cabinet must weigh at least 500 pounds or be attached to the structure of the building with a chain.

(c) If a filing cabinet is used, then a metal bar hasp will be attached to run the entire height of the cabinet. A hasp may be welded to the top drawer, but then only the top drawer may be utilized for temporary storage.

(d) The Safe or filing cabinet will have a lock (with only two keys), which is used to secure the hasp.

(e) One key will be issued to the primary UPL, the other key will be secured IAW the unit Key Control SOP.

(f) All opening/closing of the safe/cabinet will be annotated on a SF 702.

(3) When specimens are placed in temporary storage, the back of the DD Form 2624 will be annotated with the following:

(a) Date: Date specimens are placed in container.

(b) Released by: UPL's printed name and signature.

(c) Received by: Write in building number and room in which the storage container is located.

(d) Purpose of change/remarks: Write in "Placed in Temporary Storage."

(4) When specimens are removed from the temporary storage container, the back of the DD Form 2624 will be annotated with the following:

(a) Date: Date specimens removed from container.

(b) Released by: Write in building number and room in which the storage container is located.

(c) Received by: UPL's printed name and signature.

(d) Purpose of change/remarks: Write in "Removed from Temporary Storage."

(5) Under the extreme circumstance that the UPL is not available to remove the specimens for transportation to the IBTC, the alternate UPL may do so. However, the reason must be indicated on the chain of custody or on an attached memorandum for record.

c. IBTC Office

(1) The IBTC office is located in BLDG #138 Rm #7. The office is open from 0800-1700 Monday through Friday. It is recommended that the UPL schedule a turn-in time with the IBTC prior to turn-in. The phone number to the IBTC is DSN 634-7806.

(2) Physical security procedures are necessary to ensure the maintenance of chain of custody and/or prevent any possible tampering of specimens during processing and/or storage.

(3) The IBTC is responsible to check that the IBTC room is secured during and after operations hours.

(4) The IBTC office is located in Building #138 room #7 (third floor). To ensure client confidentiality, all visitors entering building #138 are required to report directly to the front desk (second floor).

(5) Only the IBTC and Alternate IBTCs are permitted to enter room #7 without escort. No personnel will be allowed in room #7 unless escorted by the IBTC or an Alternate IBTC. All personnel entering room #7 are required to sign in and out in the access log.

(6) The IBTC has a key to the Biochemical Testing Program key box, a lockable container permanently affixed to the wall in the IBTC's office.

(7) The Key Control Box will be kept locked except to issue or return a key by the IBTC. All keys will be marked with a number for identification. All keys will be issued using the key control register, DA Form 5513-R. The key control register will be inventoried at least semi-annually.

(8) The IBTC will record date, time and initials on the SF 702 security container check sheets, when opening or closing room #7, and the safe in room #7. Safe combinations will be recorded on a SF 700. The form will be sealed in an envelope stored in a locked container in the office of the 22D ASG S-2.

(9) In the event of an emergency, no material will be evacuated from room #7. IBTC and personnel with the IBTC in room #7 will leave IAW fire plan. In each case where a key is missing or believed to have been compromised, the locking device will be replaced immediately. The Primary Key Custodian will notify the Provost Marshal Office (PMO) of all cases involving the loss, theft, or compromise (actual or suspected) of keys and locks.

(10) A physical security inspection will be conducted annually by the PMO Physical Security Specialist to review all security procedures indicated in this SOP. Inspection reports will be maintained by the IBTC for a period of 3 years.

d. IBTC Quality Control Checks - All specimens will be turned over to the IBTC.

(1) The IBTC will follow the Turn-in Checklist prior to beginning quality control checks to establish if pre-turn-in requirements are met (current appointment orders of UPLs, current certification of UPLs, all documentation in order, etc...).

(2) At the IBCP the unsealed specimen containers will be opened by the IBTC. The IBTC will:

(a) Review the DD Forms 2624, Unit Urinalysis Ledger, bottle labels, *and Observer(s) MFR* for completeness and quality control.

(b) Ensure that, at a minimum, approximately 45 mL of urine is contained in each bottle and that an unbroken piece of tamper evident tape is placed on each bottle.

(c) Ensure the Chain of Custody portion of the DD Form 2624 is complete and accurate.

(d) If a discrepancy is found during the check, the IBTC shall initiate appropriate action to correct the discrepancy or error. All discrepancies that can be corrected must be explained on a Certificate of Correction Memorandum. Any discrepancy that cannot be corrected with a Certificate of Correction will be voided by the IBTC. The IBTC will annotate the voided specimens in the database and discrepancy log (see para 16c(5)).

(e) If no discrepancies are noted, or have been corrected, the UPL will enter:

- The date the specimens were delivered in block 12a
- Prints his/her name and signs their payroll signature in block 12b
- Prints "Specimens released by UPL to IBTC" in block 12d
- Ensures that the IBTC prints and signs his/her payroll signature in block 12c

(3) After the specimens have been signed over to the IBTC, the UPL may leave the area.

f. Packaging and Shipping Instructions

(1) The IBTC will complete each DD Form 2624, Certificate of Correction (if required) and distribute as follows:

- (a) Original in envelope
- (b) 1 copy to IBTC files

(2) The IBTC will prepare an envelope for each box of specimens. Annotate the Base Area Code (E301) on the front of the envelope in large print.

(3) Close envelope after enclosing:

- (a) Original copy of DD Form 2624
- (b) Original(s) of Certificate of Correction (if used)
- (c) Original of special test request (if used)

(4) Ensure specimens are placed in the box in the correct position. Bottles should be placed starting from top left corner going down the long extension of box and then from left to right:

1 5 9

2	6	10
3	7	11
4	8	12

(5) Prepare an individual box of up to 12 specimen bottles as follows:

(a) Examine the staples inside of the box, under bottle number 5 and number 8; ensure that the staples are flat. If the staples are sticking up, then either flatten them or remove them and tape the bottom closed.

(b) Ensure all specimens are in the box, then place one absorbent pouch in box. Close box (short extensions first).

(c) Seal with adhesive tape (use mailing tape, not scotch tape) around each end of the box, ensuring that all flaps and seams are covered.

(d) After the box is sealed, the IBTC will sign his/her payroll signature across the top of the box and again across the bottom of the box.

(6) After the box of specimen bottles is properly packaged and signed by the IBTC, continue as follows:

(a) Place prepared envelope on top of box (original documents enclosed).

(b) Tape envelope to box (using mailing tape, not scotch tape).

(7) Place box in mail pouch and seal. If more than 2 boxes, then the IBTC may place boxes in a larger shipping box.

(8) Prepare large shipping box (with individual specimen boxes inside) if required. There are no specific taping instructions for the larger box. Prepare either the large box or individual small boxes for shipment. Additional wrapping instructions will depend upon the courier utilized (Priority mail for all specimens) and local requirements.

(9) Affix a label with the IBTC office address in top left corner of box. Affix a label with the Ft. Meade laboratory address in center of box. Affix a label reading "Clinical Specimen, Urine Samples" on outside of box. The address to the Ft. Meade FTDTL is:

FTDTL
BLDG 2490
WILSON & LLEWELLYN STREETS
FT. MEADE, MD 20755-5235

Mail on day given on backside (Chain of Custody) of DD Form 2624s. Specimens will be mailed through the official mail center, located in BLDG #28. The mailing facility is opened from 0800-1700 Monday through Friday.

Note: Do not do any wrapping until all bottle labels and DD Forms 2624 have been verified and Certificates of Correction (if required) have been prepared.

(10) The IBTC records all testing information in the urinalysis testing database and files a copy of DD Form 2624, certificates of correction and special testing requests (if applicable).

12. Special Test Requests

a. General

(1) The FTDTL currently tests all specimens for THC (marijuana), cocaine, and amphetamines. The amphetamine group includes the designer drugs commonly referred to as ecstasy. The FTDTL also tests all specimens for at least two other drugs chosen on a rotational basis out of the following:

- (a) Barbiturates, which includes phenobarbital and butalbital.
- (b) PCP.
- (c) LSD.
- (d) Opiates, which includes codeine, morphine, and heroin.

(2) The Ft. Meade FTDTL may test specimens for 5, 6 or 7 different drugs. The number and groups of drugs tested may vary from day to day.

(3) Ft. Meade FTDTL accepts all specimens to be tested for steroids, but actually forwards them to the UCLA laboratory for testing.

b. Special Test Requests

(1) Commanders may request that the specimens they submit be tested for a specific drug group such as LSD. There is no need to request samples be tested for amphetamines, THC, or cocaine.

(2) Commanders requesting a specific drug group must turn-in a Special Test Request memorandum along with the specimens.

c. Special Test Requests for Steroids or Other Drugs

Note: Units should not collect these specimens prior to coordination with IBTC.

(1) If a commander has probable cause (confirmed with SJA) he/she may request that a soldier's specimen be tested for steroids, mushrooms, or other specific drugs.

(2) The specific drug to be tested for must be requested on a Special Test Request Memorandum and accompany the specimen to the appropriate laboratory.

SPECIAL TEST REQUEST

MEMORANNDUM FOR: FTDTL, BLDG 2490, Wilson St.,
Ft. Meade, MD 20755-5235

Date: _____

SUBJECT: Special Test Request

1. Please test the following specimens for:

() LSD () PCP () Opiates () Barbiturates

BAC: _____

UIC: _____

Batch #: _____

Date Collected: _____

Specimen #: _____

SSN: _____

2. Point of contact for additional information is the undersigned, DSN 634-XXXX.

Commander's signature block

13. Unusual Circumstances During a Urinalysis Collection

a. Failure to Produce a Specimen or Provide a Complete Specimen

(1) If the soldier is unable to produce a specimen after entering the latrine, he/she will notify the observer. The soldier will recap the bottle and will return to the UPL table and give the specimen bottle to the UPL who will take off the label, destroy the bottle and place it in a trash bag. The UPL will annotate "short sample" in the remarks block of the Unit Urinalysis Ledger – see para 8). The soldier will be placed in a holding area until able to provide a specimen. The original entries on the DD Form 2624 and unit ledger may be utilized for the second specimen.

(2) If the soldier is unable to produce a full specimen (45 mL) after a reasonable time, the soldier will notify the observer. The observer will direct the soldier to pour the urine from the specimen bottle down the toilet, rinse bottle with tap water, and recap the specimen bottle. The soldier will then return to the UPL table and give the specimen bottle to the UPL who will take off the label, destroy the bottle and place it in a trash bag. The UPL will annotate "short sample" in the remarks block of the Unit Urinalysis Ledger – see para 8). The soldier will be placed in a holding area until able to provide a specimen. The original entries on the DD Form 2624 and unit ledger may be utilized for the second specimen.

(3) The holding area will be supervised by an NCO or officer (E-5 or higher grade) as directed by the unit commander. After a reasonable time, the unit commander will be advised of the status of any soldier still in the holding area. The commander will take actions as necessary to ensure the process is completed. A soldier will not be released from duty until a specimen has been properly provided or as directed by the command authority.

b. Refusal to Provide a Specimen

If a soldier refuses to provide a specimen, the appropriate command authority will be notified. The soldier's chain of command should give the soldier a direct order to provide a specimen. If the soldier refuses, it will be a violation of a direct order. Violation of a lawful order is subject to disciplinary action under UCMJ. Possible actions include courts-martial proceedings and processing for separation.

Note: Menstruation, pregnancy, or taking medication for a urinary track infection does not excuse a soldier from providing a specimen.

c. Possible Adulterated or Substituted Specimen

If the observer or UPL suspects that a soldier has substituted or adulterated a specimen, then the commander will be notified immediately. The commander in consultation with SJA will determine if a second Command Directed Probable Cause specimen will be taken. If obvious adulteration has occurred the commander may have the specimen tested through CID to verify the specimen was adulterated (coordination with CID is required).

Note: Urine color may be orange or blue due to medication the soldier is taking.

d. Failure to Provide Proper Identification

If a soldier reports for a urinalysis without his/her ID card:

(1) The commander or 1SG can verify the soldier's identity (personal knowledge) and verify the soldier's SSN from the unit alpha roster.

(2) The soldier may be escorted by an NCO to his/her quarters to retrieve their ID card.

14. Disease Control and Disinfection Procedures

a. Disease Control and Self protection

(1) Hand Washing:

(a) **Washing hands is the most important action anyone can take to prevent the transmission of diseases.**

(b) Pathogens generally do not penetrate intact skin.

(c) Hands should always be washed:

- After contamination with body fluids.
- Any time gloves are removed.
- Any time hand(s) become dirty.
- Before leaving a potentially contaminated work area.
- After contact with any specimen bottle or testing procedure.
- After using the rest room.

(2) Gloves: Gloves should be used when tasks are likely to involve exposure to body fluids.

(a) The Center for Disease Control recommends for prevention of transmission of disease using the following guidelines for glove use.

- Any task where hand contamination with body fluids may occur.
- When the worker has cuts, scratches or other breaks in his/her skin.
- When handling a container or specimen.
- When cleaning up a spill or handling waste materials.

(b) Guidelines for safe use of gloves include the following:

- Change gloves immediately if they are torn, punctured, or contaminated.
- Remove gloves by turning glove inside out as it is being removed from the hand.
- Avoid touching clean surfaces such as telephones or doorknobs with gloves on.
- Wash hands with soap after removing gloves.
- Do not wash or disinfect gloves for re-use.

(3) Immunization for Hepatitis B. Check with your community health nurse for information.

(4) General precautions

(a) No eating, drinking, smoking, or applying cosmetics or contact lenses in the work area.

(b) All food and drinks are stored separately outside the work area (food must be stored in refrigerators and cabinets designated for food only and not used for the storage of any specimens or chemicals).

(c) Personnel are instructed to avoid touching faces, ears, mouth, or nose with hands or other objects such as pencils and pens.

(d) All areas and surfaces used for specimen storage, packing, or testing should be covered with a non-porous material.

b. Disinfection Procedures

(1) Disinfecting solutions.

(a) 10 % bleach solution freshly made within 8 hours of use. A 10% solution is prepared by mixing one part bleach with 9 parts water, i.e. 1/2 cup of bleach to 4 1/2 cups water.

(b) Spray disinfectant such as LYSOL or similar type (NOT CLEANER).

(c) 70 % or higher alcohol solution of methanol or ethanol not to include isopropyl alcohol and let air dry.

(d) Germicidal agents.

(2) At a minimum, disinfect daily or after use, all work areas, surfaces and reusable equipment that are used for processing or collecting the specimens require disinfecting. Urinalysis specimens that are voided will be destroyed. The bottle will be placed into a plastic bag. The plastic bag will be tied and placed into trash.

(3) Any time spills involving body fluids (urine) occur they should be treated as potentially hazardous and cleaned up immediately.

(a) Glove.

(b) Totally absorb spill with paper towels.

(c) Saturate area with disinfectant and allow to sit for a minimum of 5 minutes.

(d) Wipe-up area with additional paper towels.

(e) Clean with detergent.

(4) Material Safety Data Sheets (MSDS) will be available for all hazardous materials on hand in excess of normal household use.

c. An annual safety inspection to the IBTC Office will be conducted to ensure all disease control, disinfection and hazardous waste procedures indicated in this SOP are adequate.

15. Smart Testing

a. General

Smart testing is defined as the process whereby biochemical testing is conducted in such a manner that it is not predictable to the testing population. Personal involvement by the unit commander is the key to a successful "smart testing" program. It is Army policy that an active and an aggressive urine testing program serves as a powerful tool and an effective deterrent against drug abuse. Effective deterrence requires a selection process which ensures that all soldiers believe that on any day of the year, he or she may be tested.

b. The Do's of Smart Testing

(1) Test personnel on a back-to-back basis, i.e., on a Friday and then again on Monday.

(2) Perform weekend or holiday sweeps. These can be easily accomplished at the unit safety briefs prior to holidays or long weekends.

(3) Pre and post deployment testing. Should be done prior to any extended deployment and upon return to garrison.

(4) Test during field exercises. Extended field time without the threat of testing is an open invitation to the use of illicit drugs. There are numerous ways that testing in a field environment can be accomplished:

(a) Chow Line; test every third or fourth individual in the line.

(b) POL Point; test every third or fourth vehicle's occupants.

(5) Test at the end of the duty day. Use the recall formation as a means of assemblage.

(6) Do testing throughout the entire month. Vary the collection days, i.e., not just Thursdays, and not just during the beginning or ending weeks of a month. Remember the golden rule of smart testing is to be unpredictable in the way your unit tests.

c. The Don'ts of Smart Testing

(1) Do not under any circumstances ask for volunteers. This may invalidate the randomization of the collection process and could lead to a challenge or defeat if taken into court.

(2) Do not post testing dates on the training schedule. This defeats the entire purpose of testing i.e., unpredictability.

(3) Do not let "shy bladders" off the hook. This is one of the ploys that illicit drug users have used in the past to avoid detection. "But Sarge I can't go," "O.K., I'll catch you next time, 'cause I've got to get these other specimens turned-in for shipment." Always provide liquids and a reasonable time limit for the collection process, i.e., four (4) hours. If a soldier has not been able to provide a specimen, then contact the unit commander for guidance. A medical evaluation to determine if a medical condition is precluding the specimen collection may be needed.

(4) Do not announce testing the day before. Prior notification allows soldiers to dilute and flush their systems thus avoiding detection.

(5) Do not announce the impending testing of a unit by having the UPL walk through the unit area with the necessary collection supplies. The IBTCs allows units to maintain enough supplies to be able to test 100% of their respective units at any given time. Re-supply at turn-in of collected specimens, i.e., 25 turn-ins = 25 new bottles.

(6) Do not stop testing because it is the end of the duty day and you want to go home.

d. Keys to a Successful Unit Urinalysis Testing Program

(1) Be creative in how and when you conduct testing as those who are avoiding detection.

(2) Select only motivated and capable UPLs and observers. Ensure they are properly trained and rewarded for a job well done.

(3) Demand flawless collections; a soldier's career and the integrity of the program are at stake.

(4) Treat all soldiers with respect and dignity.

(5) Monitor those soldiers who seem to avoid giving, who are always running off to a meeting, an appointment, or who "just went to the bathroom". Suggest commanders document "excuses" and confront soldiers as appropriate.

(6) Adopt a command policy that requires the UPL to provide a specimen at least once quarterly.

(7) Adopt a command policy that requires all soldiers coming back from TDY, training, and leave to provide a specimen upon returning to duty or at next unit urinalysis test.

(8) Ensure that only "certified UPLs and designated/trained observers" conduct the test.

(9) Test often, increased frequency results in increased deterrence.

- (10) Maintain adequate supplies for testing at the unit.
- (11) Support UPLs with leaders to assist in monitoring and controlling soldiers.

16. Receipt of Urinalysis Results

a. Use of Test Results

(1) Results from probable cause, inspection, and consent urine tests may be used for trial by courts-martial, Article 15, and administrative elimination purposes.

(2) Results from fitness for duty urine tests *may be* protected by the Limited Use Policy.

(3) Any urine test ordered by the commander, whether for probable cause, inspection, or fitness for duty is command-directed. The ability to use the test results for UCMJ or separation action depends on the type of test, not if it was or was not command-directed.

(4) Results are posted on the Ft. Meade FTDTL portal (ftdtlweb.amedd.army.mil). All results reports will be filed in numbered order in a separate folder. The IBTC will update the urinalysis testing spreadsheet and database by adding the testing results. *The IBTC will only report positive results and discrepancies to the unit commander and UPL. Negative results will not generally be reported.*

b. The Limited Use Policy

(1) General

(a) The objective of the Limited Use Policy is to facilitate the identification of alcohol and drug abusers through self-referral and the treatment and rehabilitation of those abusers who desire to be rehabilitated and who demonstrate the potential for retention.

(b) The Limited Use Policy prohibits the use of certain evidence against a soldier in actions under the UCMJ or in administrative separation actions.

(2) Information Protected by Limited Use Policy

(a) Mandatory urine or alcohol breath test results taken to determine a soldier's fitness for duty and the need for counseling, rehabilitation, or other medical treatment or in conjunction with a soldier's participation in ASAP.

(b) Soldier's self referral to ASAP.

(c) Admissions and other information concerning drug or alcohol abuse or possession of drugs incidental to personal use occurring prior to the date of initial referral to ASAP provided voluntarily by a soldier as part of his/her initial entry into ASAP.

(d) Admissions made by a soldier enrolled in ASAP to a physician or ASAP counselor during a scheduled interview concerning drug or alcohol abuse or possession of drugs incidental to personal use occurring prior to the date of initial referral to ASAP.

(e) Information concerning drug or alcohol abuse or possession of drugs incidental to personal use obtained as a result of a soldier's emergency medical care for an actual or possible drug or alcohol overdose, unless such treatment resulted from apprehension by military or civilian law enforcement officials.

(3) Information not Protected by Limited Use Policy

(a) Urine and alcohol breath tests based upon probable cause or under the inherent authority of a commander to inspect his/her unit.

(b) Evidence for impeachment or rebuttal purposes in any proceeding in which the evidence of drug abuse (or lack thereof) first has been introduced by the soldier.

(c) Evidence of drug or alcohol abuse or possession of drugs for other adverse administrative actions, such as written reprimands, bars to reenlistment, revocation of security clearances, or reductions for inefficiency.

(d) Independently derived evidence, including evidence of continued drug abuse after initial entry into the ASAP.

c. Positive Results/Discrepancies

(1) All positive e-mail results will be followed by a certified copy of the chain of custody document mailed from the FTDTL. If the drug positive is for THC, Cocaine, Designer Amphetamines, Heroin, PCP, or LSD, the IBTC will report positive result with mandated actions to unit commander and CID by e-mail. Upon notification, the unit commander will contact CID and refer individual to ASAP as a biochemical referral. The Commander, designated representative, or UPL must sign the IBTC file copy of the chain of custody.

(2) If the positive result is for barbiturates, opiates, amphetamines, or steroids, the IBTC must forward the results (with attached SF 513) to the Medical Review Officer (MRO) for evaluation. The MRO will review the positive to determine if the soldier used the drug under prescription or if the use was unauthorized. Upon completing the medical review, the MRO will forward results to the IBTC who will notify the unit commander.

(3) If the MRO confirms legitimate medical use, then no actions are taken against the soldier. If, however, the MRO discovers unauthorized use, then the commander must notify CID and refer individual to ASAP as a biochemical referral. The IBTC and the UPL will retain documentation on the positive result for a period of three years. Upon completion of the medical review, the IBTC will enter MRO findings in the DAMIS MRO data entry web page (see www.acsap-army.org).

(4) The IBTC will record all positive results in a positive log. The log will include the collection date, batch and specimen number, unit, SSN, drugs reported as positive, date unit

notified, name of person receiving official result, date results were picked-up, MRO review date, MRO determination. The signature of the person receiving the official result will be on the IBTC file copy of the chain of custody.

(5) In case of errors in the testing documentation, the IBTC and/or lab may report a discrepancy result. The IBTC will report IBTC and lab discrepancies to the unit commander and UPL and will also record information in a discrepancy log. The discrepancy log will include collection date, UPL name, unit, , SSN, batch and specimen number, description of discrepancy, if it was a testable or non-testable discrepancy, if it was a IBTC or lab discrepancy, name of person notified for recollection. It is recommended that each unit recollect samples from voided SSN as soon as possible.

d. Adulterated Specimens

The following procedure should be utilized when a specimen is identified as possibly adulterated by the FTDTL.

(1) The observer/UPL will notify the commander who will contact CID and SJA.

(2) If the commander decides to have the specimen tested to verify it was adulterated, then he/she will request through CID to the FTDTL that the specimen be forwarded to the CID crime lab for analysis.

(3) The commander may charge both the soldier and the observer with offenses if the specimen was adulterated (contact SJA).

17. Statistics

a. General

The IBTC will maintain the following statistics on the Military Drug Testing Program and will compile a Monthly Urinalysis Report that will include the following information at the minimum:

- (1) Units.
- (2) Unit strength and monthly quota.
- (3) Number tested per month, per day of week, per week of month, per FY.
- (4) Total number and rate of Rehabilitation Testing in FY.
- (5) Number of months tested in FY.
- (6) Total number of smart tests (back to back, field-testing, holidays, etc...) in FY.
- (7) Total number and rate of voided samples (by IBTC and lab) in FY.
- (8) Total number and rate of positives in FY (by unit and by drug).

- (9) Total percentage of unit tested in FY.
- (10) UPL certification information.
- b. The Monthly Urinalysis Report will be approved and signed by the 22D ASG Commander and distributed by e-mail to all unit commanders, 1SGs, and UPLs.
- c. All Monthly Urinalysis Reports are maintained on file: 600-85b, Alcohol and Drug Abuse Statistics Files, Monthly Urinalysis Reports.

18. Alcohol Testing

a. Alcohol testing is mandated by USASETAF Commanding General policy. In general, alcohol testing can be performed in the following ways:

- (1) Saliva testing devices: non-evidentiary - cannot be used as evidence in a court of law or be used for UCMJ action.

- (2) Breath testing devices

- (a) Blow tube: non-evidentiary - cannot be used as evidence in a court of law or be used for UCMJ action.

- (b) Breathalyzer: may be portable or non-portable, evidentiary or non-evidentiary depending on the specific instrument used.

- (3) Blood Alcohol Test (BAT) – Only conducted at Health Clinics

- (a) Legal (evidentiary).

- (b) Medical (nonevidentiary).

- (4) Urine (not tested by U.S. Army urinalysis drug testing program).

- (5) Spinal fluid – not normally used.

b. Legal Limits for Soldiers on Duty

- (1) AR 600-85 mandates 0.05% or above blood alcohol concentration as the drunk on duty level or less than 0.05% if the soldier is impaired on duty.

- (2) Soldier should reasonably have known that he/she had duty for them to be considered impaired on duty

c. Procedures

(1) Commander can test the entire unit or a random selection of personnel at any time as part of an inspection. The unit commander or UPL may obtain alcohol testing supplies from the IBTC. Unit alcohol testing is normally performed with saliva, blow tube, or other breath measuring device.

(2) All units conducting alcohol testing must notify the IBTC. The IBTC will record the unit alcohol testing for statistical purposes. This procedure is necessary to ensure the unit receives credit for testing.

(3) If a commander has probable cause to test a soldier for alcohol he/she can have the soldier tested for a legal blood alcohol test (BAT) or an evidentiary breath test. Legal BATs and evidentiary breathalyzer tests require coordination with MPs and/or the local Health Clinic. Units should contact these agencies for requirements.

19. Biochemical Testing Files

The IBTC and the UPLs will maintain all Biochemical Testing files IAW AR 25-400-2 Modern Army Record Keeping System (MARKS). UPLs are required to maintain the following documentation in a biochemical testing binder, folder, or file.

- a. Regulations, SOPs, other applicable publications.
- b. Unit ledgers.
- c. Observers MFR.
- d. Results of urine specimen testing.
- e. CIP and Urinalysis Inspection reports.

20. Inspections

- a. The IBTC will provide an inspection to each unit at least once annually. The IBTC will contact the commander or UPL to schedule the inspection.
- b. The IBTC will utilize the Urinalysis Collection Inspection Checklist for the inspection. A report of the inspection findings will be prepared by the IBTC and sent to the unit commander. One copy will be sent to the UPL, and another copy will be maintained in the IBTC's files.
- c. The unit inspection will include the following at a minimum:
 - (1) Observed unit urinalysis collection.
 - (2) Storage area for supplies and specimens.
 - (3) Required regulations, SOPs, and files.
 - (4) Additional requirements (alcohol testing, smart testing, disinfection procedures, etc...).
- d. The IBTC is inspected quarterly by the Alcohol and Drug Control Officer (who will use the ADCO Review of BTC Checklist) and approximately every two-three years by the Army Center

for Substance Abuse Programs (ACSAP). The inspection of an installation Biochemical Testing Office by ACSAP will also include at least one unit collection inspection.

21. ACSAP Web-site

The Army Center for Substance Abuse Programs (ACSAP) is the Army's lead agency for substance abuse prevention, education, and training, providing operational supervision, direction, evaluation, and policy development. For additional information about ACSAP and/or the U.S. Army Biochemical Testing Program, connect to the following web-site:

www.acsap.org